Image# 27990198198

FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1		(See instruction	_	4				Offic	e use only		
1. NAME OF COMMITTEE (in	full)	(Check if name is changed)		ole: If typying, t e lines	type	12FE	4M5	1 1			
Rely on Your I	Beliefs Fund	1 1 1 1 1 1		1111							
	<u> </u>	<u> </u>		1111	111						لـــــا
ADDRESS (number and	street) 209 F	Pennsylvania Ave	enue, SE						ш		لــــا
(Check if address is changed)		ington			Ш	DC	 j	L	20003		
COMMITTEE'S E-MAI	II ADDDESS		CITY			STATE	•		ZIP	CODE 4	•
paul@pdscom											ı
							Ш				
COMMITTEE'S WEB	DAGE ADDRESS (II	<u> </u>									ш
OCIVIIVIT TEES WEB	T AGE ADDITESS (O	112)									1
							Щ.		1 1 1		шЩ.
							Ш		ш		ш
202-496-7756	NUMBER	ل									
2. DATE 0.4		2006									
3. FEC IDENTIFICA	TION NUMBER	C	C003	44648							
4. IS THIS STATEM	MENT NEW	(N) OR	X	AMENDE	O (A)						
I certify that I have exami	ined this Statement and	to the best of my know	vledge and	belief it is true,	correct and	d comple	te				
		loul Kilgoro									
Type or Print Name of	Treasurer	Paul Kilgore									
Signature of Treasurer	. Electronically File	d by Paul Kilgor	re			Date	0 7	M /	11	/ Y	2 0 0 7
NOTE: Submission of fal		nplete information may							f 2 U.S.C.	S437g.	
Office Use Only			F	or further info ederal Election oll Free 800-42	Commissi 24-9530			I	FEC F		

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5.	5. TYPE OF COMMITTEE (Check One)							
	(a) This committee is a principal campaign or	ommittee. (Complete the candidate information below.)						
	(b) This committee is an authorized committee information below.)	ee, and is NOT a principal campaign committee. (Complete the	e candidate					
	Name of Candidate							
	Candidate Office Party Affiliation Sought:	House Senate President	State District					
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.								
	Name of Candidate							
	(d) This committee is a	(National, State (or subordinate) committee of the	(Democratic, Republican,etc.) Party.					
	(e) This committee is a separate segregated f	und						
	(f) X This committee supports/opposes more the committee.	an one Federal candidate, and is NOT a separate segregated	fund or party					
6.	6. Name of Any Connected Organization or Affiliated C	ommittee						
L								
	Mailing Address							
		CITY▲ STATE ▲	ZIP CODE					
	Relationship							
	Type of Connected Organization:							
	Corporation	orporation w/o Capital Stock Labor Organiz	ation					
	Membership Organization Tr	ade Association Cooperative						

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Write or Type Committee Name				
Rely on Your Beliefs Fund				
Custodian of Records: Identify by possession of Committee books	y name, address, (phone number and records.	optional), and position of th	ne person in	
Full Name Paul Kilgore				
Mailing Address	337 S. Milledge Avenue			
	Suite 101			
	Athens	GA	30605	
Title or Position ♥	CITY A	STATE▲	ZIP CODE A	
Treasurer		706 Telephone number	546 0282	
Treasurer: List the name and ad name and address of any design	dress (phone number optional) o	of the treasurer of the commi	ittee; and the	
Treasurer: List the name and ad name and address of any design	dress (phone number optional) c	of the treasurer of the commi	ittee; and the	
	ated agent (e.g., assistant treasure			
Full Name of Treasurer Paul Kilgore				
Doul Kilgoro	337 S. Milledge Avenue, S			
of Treasurer Paul Kilgore			30605	
of Treasurer Paul Kilgore	337 S. Milledge Avenue, S	te. 101	30605 ZIP CODE ▲	
of Treasurer Mailing Address	337 S. Milledge Avenue, S Athens	te. 101 		
of Treasurer Mailing Address Title or Position	337 S. Milledge Avenue, S Athens	te. 101 GASTATE▲	ZIP CODE A	
of Treasurer Mailing Address Title or Position Treasurer Full Name of Designated	337 S. Milledge Avenue, S Athens	te. 101 GASTATE▲	ZIP CODE A	
of Treasurer Mailing Address Title or Position ▼ Treasurer Full Name of Designated Agent	337 S. Milledge Avenue, S Athens	te. 101 GASTATE▲	ZIP CODE A	
of Treasurer Mailing Address Title or Position ▼ Treasurer Full Name of Designated Agent	337 S. Milledge Avenue, S Athens	te. 101 GASTATE▲	ZIP CODE A	

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 Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, safety deposit boxes or maintains funds. Name of Bank, Depository, etc. 					
	Wach	novia P.O. Box 563966			
		Charlotte NC	28262 _		

STATE ∠

 $\textbf{ZIP CODE} \quad \triangle$

CITY 🗷